



**NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
DIVISION OF WASTE MANAGEMENT  
SOLID WASTE BRANCH  
14 REILLY ROAD  
FRANKFORT, KENTUCKY 40601  
(502) 564-6716**

## **ANNUAL WASTE QUANTITY REPORT**

**DEP 7046  
5/99**

**Any person who knowingly provides false information in any document filed or required to be maintained under KRS Chapter 224 shall be guilty of a Class D felony and upon conviction thereof shall be punished by a fine not to exceed twenty-five thousand dollars (\$25,000), or by imprisonment for a term of not less than one year and not more than five years, or by both fine and imprisonment.**

*The NREPC does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the employment or provision of services. Upon request, the NREPC will provide reasonable accommodations including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in programs and activities. To request an alternate format for this application, contact the Solid Waste Branch at (502) 564-6716.*

## INSTRUCTIONS

The **ANNUAL WASTE QUANTITY REPORT, DEP 7046** is an accumulation of twelve (12) **MONTHLY TOTALS**.

**SITE NAME:** Give the official name of the facility as it appears on the landfill operating permit or acceptance letter.

**PERMIT NO.:** Give the eight (8) digit number assigned to the facility.

**MUNICIPAL SOLID WASTE:** Residential and commercial waste combined.

**INDUSTRIAL WASTE:** Waste generated during a manufacturing process—factory waste.

**VOLUME OF ASH GENERATED:** This space is to be used to record the volume of ash generated by incinerator facilities only. A TCLP test shall be conducted yearly or whenever the waste characteristics change.

**SPECIAL WASTE:** High volume/low hazard waste such as mining wastes, utility wastes (fly ash, bottom ash, scrubber sludge), sludge from water treatment facilities and waste water treatment facilities, cement kiln dust, gas and oil drilling muds, oil production brines and other wastes as designated by the cabinet. This space is to be used to record waste received at “special waste landfills” only.

**SUBMISSION:** Submit the original and a **CERTIFICATION CLAUSE** (with original signature only) to the address below. Please complete all information before submitting your report to this office for review. Reports shall be submitted no later than January 31 for the preceding calendar year.

Division of Waste Management  
Solid Waste Branch  
14 Reilly Road  
Frankfort, KY 40601  
(502) 564-6716

**- PLEASE TYPE OR PRINT LEGIBLY -**

RE: Quarter (if applicable) \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
SITE NAME

\_\_\_\_\_  
COUNTY

\_\_\_\_\_  
PERMIT/REGISTRATION NO.

\_\_\_\_\_  
INDICATE ANNUAL WASTE QUANTITY REPORTS,  
SURFACE/GROUNDWATER TEST RESULTS, ETC.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME - PLEASE PRINT

This certification clause shall be signed by the responsible person(s) described in 401 KAR 47:160, Section 6(1), and/or (2) and is required by 401 KAR 47:160, Section 6(4). This clause may be incorporated into a cover letter and attached to this submission. This clause shall accompany every report/application submitted to this office.

**ANNUAL WASTE QUANTITY REPORT  
DEP 7046 (REVISED 5/99)**

PERMIT NO.

REPORT PREPARED FOR THE MONTHS

AND

YEAR

[illegible]

The source column is for you to record the county the waste was received from. If this is an out-of-state county, please put the state after the county (EX: FRANKLIN CO., OH).  
The last column is the combined total of municipal solid waste and industrial waste received from EACH SEPARATE waste source.

PERMIT NO.

AND

YEAR

[illegible]

The source column is for you to record the county the waste was received from. If this is an out-of-state county, please put the state after the county (EX: FRANKLIN CO., OH).  
The last column is the combined total of municipal solid waste and industrial waste received from **EACH** waste source.